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CONFIRMATION NO. 1828

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|------------------------|
| 09/891,715 | | 424 | 3763 | 5756-0013.30 |

APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/214,053 06/26/2000

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
08/15/2001

| | | | | | | |
|---|---|--|------------------|-----------------|--------------|--------------------|
| Foreign Priority claimed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | CA | 9 | 23 | 4 |
| Verified and <i>/THEODORE J STIGELL/</i> Acknowledged Examiner's Signature | | Initials | | | | |

ADDRESS

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TITLE

Method and apparatus for treating ischemic tissue

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|-----------------------------------|---|--|
| FILING FEE RECEIVED 658 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
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